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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

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Complete if Known

Application Number	
Filing Date	
First Named Inventor	Bernhart, Horst J.
Art Unit	
Examiner Name	
Attorney Docket Number	ZK524-03151

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
		US- Re. 36.004	12-22-1998	Hinnefeld, J.D., et al.	
		US- 6,517,222 B1	02-11-2003	Orlov, A.	
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Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
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<p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.</p> <p>Substitute for form 1449/PTO</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p style="text-align: center; font-style: italic;">(Use as many sheets as necessary)</p>		<p style="text-align: center; font-weight: bold;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>First Named Inventor</td> <td>Bernhart, Horst J.</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>ZK524-03151</td> </tr> </table>		Application Number		Filing Date		First Named Inventor	Bernhart, Horst J.	Art Unit		Examiner Name		Attorney Docket Number	ZK524-03151
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